



PTO/SB/82 (05-03)

Approved for use through 11/30/2005. OMB 0651-0035

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ATTORNEY OR
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Application Number	
Filing Date	2/5/02
First Named Inventor	Robert E. Fischer
Art Unit	
Examiner Name	
Attorney Docket Number	053768.0002

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:☐ Customer NumberPlace Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert E. Fischer				
Address	3050 E. Hillcrest Drive				
Address					
City	Westlake Village				
Country	USA	State	CA	Zip	91362
Telephone	805-373-9340	Fax	805-373-8966		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Robert E. Fischer		
Signature			
Date	7/25/03	Telephone	8053739340

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Name	Greg Moeller		
Signature			
Date	7-25-03	Telephone	805-529-6882

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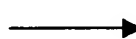
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	David Kappel		
Signature	David Kappel		
Date	7/25/03	Telephone	619 302-3327

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